

# **ORDER FORM FOR APPLICANT SUBMISSION**

BY FAX: (916) 227-2000 or (916) 456-5852    ATTN: ORDER DESK (916) 227-3834

BY MAIL: DEPARTMENT OF JUSTICE  
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION  
P.O. BOX 903417  
SACRAMENTO, CA 94203-4170  
ATTN: APPLICANT PROCESSING PROGRAM

**\*\* PLEASE INDICATE THE AMOUNT NEXT TO YOUR REQUEST \*\***

(PLEASE LIMIT YOUR ORDER TO A 3 MONTH SUPPLY)

(QUANTITY) \_\_\_\_\_ BCII 8016 (REV 04/01) *Request for Live Scan Service applicant submission*

(QUANTITY) \_\_\_\_\_ BCII 8016 A (REV 10/98) *Request for Live Scan Service for public schools  
& joint powers*

## **PLEASE PROVIDE THE FOLLOWING INFORMATION:**

AGENCY NAME: \_\_\_\_\_

ORI NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(Street)

\_\_\_\_\_ CITY

\_\_\_\_\_ STATE

\_\_\_\_\_ ZIP

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ (ext. ) \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

**OTHER FORMS:** on line at [www.ag.ca.gov/fingerprints/agencies.htm](http://www.ag.ca.gov/fingerprints/agencies.htm)

### **APPLICANT AGENCIES**

*Request for Live Scan Service Packet*

*Subsequent Arrest Contract*

*No Longer Interested Form*

*Follow up Request Form (BCII 8043)*

*Correction to Live Scan Submission Request Form (BCII 8017)*

*FBI Name Check Request*